

but the progress of fatal accidents is more rapid with chloroform than with ether.—*Bulletin Général de la Thérapeutique*, 1894, 42d liv., p. 402.

THE ACTION OF TRIONAL.

M. VOGT concludes: 1. That trional is preferable to its congener, sulphonal, in that it acts more promptly and produces a calm sleep with a normal awakening. 2. The dose is a single one, taken at bedtime, of fifteen to twenty-two grains dissolved in liquid as hot as possible. If the drug, taken two evenings in succession, does not produce a slight effect, it is useless to continue it. 3. The treatment should be stopped in every case at the end of five or six days. If this is done, there is no fear of poisoning, and generally during this time the patient is relieved of his insomnia. 4. It is always a good plan to diminish the acidity of the urine in order to avoid grave accidents from the destruction of the blood-corpuscles, and this is done by the administration of alkalis. 5. The constipation which frequently follows the administration of this remedy should not be neglected, in order to avoid accumulation through lack of elimination.—*Les Nouveaux Remèdes*, 1894, No. 21, p. 489.

DR. C. GOLDMAN in order to prevent unpleasant symptoms presents the following rules: 1. It should never be administered in larger doses than thirty grains; generally twenty-two grains will produce a sleep of from six to eight hours; neurasthenic individuals usually need but fifteen grains. 2. It should never be administered dry or in a little cold water, but in a cup, of six or seven ounces capacity, of a warm liquid, soup or tea. This facilitates prompt absorption and rapid action. 3. The use of the drug should from time to time be interrupted—no hypnotic should be uninterruptedly administered for weeks or months. 4. In order to prevent an accumulation of the unabsorbed drug it is necessary to increase the alkalinity of the blood by mineral waters containing carbon dioxide, as seltzers, apollinaris, or the organic acids, as citric or tartaric. 5. If, in spite of this precaution, constipation becomes marked, seidlitz powder or a similar laxative should be employed.—*Therapeutische Monatshefte*, 1894, Heft 11, S. 559.

THE TOXICOLOGY OF EXALGINE.

DR. GEORGE WEBER reports the case of a young woman who survived the ingestion of one-half ounce of crystalline exalgine. Three-quarters of an hour elapsed before the first effects were produced; ten hours later occurred the first vomiting. Periods of coma alternated with convulsive crises, resembling the symptoms of mixed uræmia, which resemblance gave the indications for treatment. The cyanosis was successfully treated by electrization of the phrenic.—*Les Nouveaux Remèdes*, 1894, No. 22, p. 514.

THE USE OF ANTIPYRIN IN LARGE DOSES.

DR. T. MCCALL ANDERSON has never had any personal experience with the deleterious effects, at least of a serious nature, of this drug. The initial dose should not exceed ten, or at most fifteen, grains. In the three cases reported the maximum daily amounts were seventy-five, one hundred and

fifty, and one hundred and thirty-five grains. He concludes: 1. That anti-pyrin is not the dangerous drug that some observers have led us to suppose. 2. It may be given with safety in large doses, even in the case of children, in most cases, although the initial dose must be small, and it must be slowly and cautiously increased, the patient always being carefully supervised. 3. In large doses it often yields surprisingly good results, and in chorea it is the only medicine from which cures may confidently be anticipated.—*British Medical Journal*, 1894, No. 1770, p. 1227.

THIOL.

DR. DILLON states that this drug differs from ichthyol in that it has no disagreeable odor; the internal administration is not accompanied by disagreeable gastric disturbance; used externally it does not more than slightly stain the clothing, and even this can be removed by washing. It seems to be especially curative in the different forms of eczema, acne, herpes, erysipelas, and other inflammatory processes. In contusions and subcutaneous hemorrhages it possesses wonderful power of causing the absorption of the poured-out material. It has also been found useful in rheumatism.—*Notes on New Remedies*, 1894, No. 2, p. 21.

URICEDIN.

DR. HUGO LANGSTEIN concludes that this remedy: 1. In the form of cakes is not unsavory even to somewhat delicate palates. 2. Even in daily doses of one hundred and fifty grains it has no unpleasant after-results. It may, however, act as a purgative, which in cases of uric acid diathesis is not disadvantageous, but it is not unpleasant nor painful in its action. 3. Contrary to that, which cannot be said of all remedies for gout, it does not irritate the kidneys nor the heart, even after long usage. 4. It markedly increases the diuresis. 5. It is somewhat more certain, although not always more rapid, than other remedies for the elimination of uric acid. At first there is an increase of uric acid in the urine, soon it becomes less acid, neutral, or even alkaline. 6. The remedy combats and limits pain.—*Prager medicinische Wochenschrift*, 1894, No. 45, S. 571.

[For a previous notice of this drug, in which its composition is given, see this JOURNAL, 1894, vol. cvii., No. 6, p. 714.—R. W. W.]

HOW TO USE SODIUM SALICYLATE IN ACUTE ARTICULAR RHEUMATISM.

DR. HENRI HUCHARD believes that three principles should never be forgotten: 1. No prescription in large doses at the commencement of a poly-articular rheumatism. 2. The division of the doses. 3. The continuation of the remedy after the relief of pain. At the outset the dose should be ninety, sometimes even one hundred and twenty grains. The average dose of ninety grains should be maintained for about two days, then diminishing fifteen grains each day until sixty grains is reached. These large doses are necessary because the drug is useful the more acute and recent the disease is, and because early treatment certainly prevents cardiac complications. Divided doses are advisable because of the rapid elimination of the drug;